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## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	APPLICATION NUMBER:	ORS31928
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## Total Fee Calculation

		I Otal Te	e Calcula	atiot	ı		
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee -	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	(050)
Basic Filing Fee	201/101	001	11		<u> </u>	100 -	$-\frac{UV}{2}$
Total Claims >20	203/103	-20	- 7	X	7	18 -	1)
Independent Claims >3	202/102	-3 -	1	x	34	18 -	<del></del>
Mult. Dep Claim Present	204/104				130	2.60	·
Surcharge	205/105				<u>65</u>	<u>130</u> -	130
English Translation	139				•		
TOTAL FEE CALCULA	ATION						978.
Fees due upon filing the	he application:						
Total Filing Fees Due	= \$	9	76	_			
Less Filing Fees Subm	uitted -\$		<u> </u>	_			
BALANCE DUE	= \$		1/0				
Popul							
Office of Initial Patent	Examination					•	

FORM OIPE-RAM-01 (Rev. 12/97)

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

01539920

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY				
FC	)R		NUMBE	R FILED	NUI	MBER	EXTRA	ſ	RATE	FEE	]	RATE FEE		
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ТС	TAL CLAIMS		24.	minus 2	20= *	4			X\$ 9=		OR	X\$18=	12	
INE	EPENDENT CL	AIMS	4	minus	3 = *	}		İ	X39=		OR	V70 0(3)		
MU	LTIPLE DEPEN	PENDENT CLAIM PRESENT +130= OR +260=				,								
* If the difference in column 1 is less than zero, enter "0" in colur						column 2	L	TOTAL		OR	TOTAL	940		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CL REM AF	AIMS IAINING FTER NDMENT		HIGH NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	**	-	=		X\$ 9=	·	OR	X\$18=		
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	FIRST PRESE	NIAII	ON OF MI	JLTIPLE DEF	PENDENT	CLAIM		<b>'</b>	+130=		OR	+260=		
								L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
			umn 1)		(Colun		(Column 3)		10011.122			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
AMENDMENT B		REM	AIMS IAINING FTER IDMENT		HIGH NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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			umn 1)		(Colun		(Column 3)					,		
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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4ME	Independent	*		Minus	***		=	╽┟	X39=			X78=		
_	FIRST PRESE	NTATIC	ON OF MI	JLTIPLE DEF	PENDENT	CLAIM		╽┟			OR	••	<u> </u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														